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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 27 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: O'Quinn Enterprises, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrel Hood

Name of Person

Terrel Hood Accounting

Firm/Company

514 SW 2<sup>ND</sup> AVE

Address

Ocala, FL 34471

City/State and Zip Code

THOOD421CQOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrel Hood

Name of Person

at (352) 732-2660

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAWN O'QUINN VINCENT	5781 NW BELWOOD CIR PORT ST LUCIE FL 34986	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LANCE O'QUINN	150 SE 34TH ST OCALA FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

✓ Dawn O'Quinn Vincent  
Signature of a member or authorized representative of a member

DAWN O'QUINN VINCENT

Typed or printed name of signee